ARTICLE 11

HOMELESS WOMEN AND THEIR CHILDREN IN THE 21ST CENTURY

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INTRODUCTION

In spite of an unprecedented growth in the economy and subsequent record low unemployment levels throughout most of the 1990s, the number of people who were homeless in the United States steadily increased. A slowdown in the economy that began in 2000 and continued through 2001 magnified the problem. Safety-net programs remain inadequate and a persistent unwillingness to address the lack of affordable housing means that the number of people who are homeless, particularly children, will increase over the next several years. Any long-term downturn in the nation's economy will greatly exacerbate this problem. In order to understand why this is so, it is important to have an understanding of the forces that create and maintain the condition of homelessness in families and how the condition of homelessness affects the well-being of children.

NUMBERS OF HOMELESS

Although it is well substantiated that homelessness is a major problem for many communities, it is not clear how many individuals are homeless in the United States. Estimates are in the range of 1.7–3 million per year, with the number varying according to the definition of homelessness and the methodology used to tabulate individuals.1

The most common method of counting the number of homeless individuals, point-in-time estimation, tends to underestimate the number of homeless persons. This is because this methodology focuses on the chronically homeless and misses many of those who are homeless for a short period of time. Many surveys do not count people who are homeless because they are doubled-up with other families or are living in hidden areas, such as cars, tunnels, or parks.
Retrospective studies provide a different picture. Link, in 1994, randomly surveyed a cross-section of people living in the United States, via telephone, to ask if they had ever experienced homelessness. Literal homelessness was defined as living in a park, abandoned building, street, train or bus station, shelter, or another temporary residence. Even though this methodology is likely to underestimate homelessness by missing those who do not have telephones and those who are currently homeless, the proportion reporting a history of homelessness was striking. Lifetime prevalence was 7.4% for literal homelessness and 14% if living doubled-up with others was included. These were not just brief episodes of homelessness. Forty-six percent reported their length of homelessness to be between one month and a year and 13% were homeless for more than a year. This translates to over 13 million adult Americans reporting literal homelessness at some point in their lives. If one includes doubling-up the number increases to 26 million. This figure includes large numbers of single mothers and their children.

Several surveys show that the number of homeless families is reaching record levels. An Urban Institute report estimated that in 1996, 3.5 million people became homeless during the course of the year. This represented a 65% increase compared to 1987. Of these, 39% were children. Therefore, nearly 2% of children in America are homeless each year. In 2000 the U.S. Conference of Mayors reported that the average demand for emergency shelter increased 15%, the largest one-year increase in the past decade. At the same time, requests for shelter by homeless families increased by 17%. In this survey families with children represented 36% of the homeless population.

In July of 2001 the New York City Department of Homeless Services housed 6,252 families with 11,594 children in family homeless shelters. These numbers surpassed previous records set in the late 1980s and mid-1990s, when a maximum of 5,700 families were housed.

**CAUSES OF HOMELESSNESS**

When single-parent families were queried about why they were homeless, 28% related it to housing problems, 20% to economic hardship, 31% to family and/or relationship problems, and 14% to drug use or violence. However, to understand causes of homelessness it is necessary to step back and examine its roots in poverty, housing shortages, and the current labor market.

There are differing schools of thought concerning the causes of homelessness. One view is that it is caused by the combination of low wages and a shortage of affordable housing. Another view is that homeless families have certain psychosocial characteristics that make them vulnerable to housing loss. Both viewpoints are valid depending upon the type of population that is being studied. It is important to understand the difference between direct causes of homelessness, such as a deficiency of affordable housing, and characteristics that make people more vulnerable to homelessness, such as domestic violence.

In cities where the housing market is very tight and there is a paucity of low-income housing, one will find more families that are homeless due to economic
factors. This is due to the fact that a relatively small loss of income can leave a person in the situation of not having access to affordable housing because such housing is exceedingly scarce. Cities that have a better supply of affordable housing will find more homelessness caused by psychosocial factors, as it is not the lack of affordable housing per se that causes homelessness, but rather the inability of the person to access housing because of individual circumstances. The interaction of these different factors may help explain the disparate findings reported in studies of homelessness. Cognizance of these factors is also important in designing programs that are responsive to an individual community's needs. Regardless of geographical variations, it is clear that there are forces pushing an unprecedented number of families into homelessness.

In 1996, 21% of children lived in poverty. This declined to 16% in 2000.1 The largest decline was with children living in single parent families, with 45% in 1996 and 25% in 2000 fitting into this category.18 Children of color are also disproportionately affected, though the news on this front has also been encouraging. In 1996, 66% of Hispanic and 62% of African American children, living in female-headed households, were living in poverty. This fell to 34% and 35%, respectively, in 2000.7

A clear and direct correlation exists between poverty and homelessness. The U.S. Department of Housing and Urban Development (HUD) places those families whose incomes are less than 50% of the median family income in their community and who are renters and do not receive federal housing assistance in the category of "worst-case housing needs." Between 1991 and 1997 there has been a 12% increase in this category. People of color are disproportionately affected. Worst-case housing needs among Hispanic working families with children rose 74% during this period and 31% among similar African Americans.8 Among non-Hispanic white households there was only a 2% increase.9 The fact that between 1991 and 1997 there was a 29% increase in the number of worst-case housing needs in families with children8 sheds light on why there is an upsurge in the number of homeless families.9

Exuberance over decreases in the number of children living in poverty becomes somewhat muted when we examine the mechanism by which many are leaving poverty behind. For those who are working, poverty is fueled by a service economy that pays low wages and often provides only part-time work, with few or no benefits. Though unemployment (unemployed or those working part-time because they cannot find a full-time job) has decreased over the past decade from 6.8% in 1991 to 4% in 2000, underemployment affects a significant percentage of the workforce. In fact 6.2% of the labor force fit this category in 2000, compared to 9.6% in 1994.10 The U.S. Conference of Mayors estimates that 26% of those who are homeless are employed.4 That number was 22% in 1998.11

Though the minimum wage was raised to $5.15 as of September 1997, a single earner working full-time at minimum wage still has an income $4,000 below the poverty line.12 As of 2000, 25% of the workforce was earning poverty-level hourly wages.13 Though this is the lowest that this statistic has been in the past 20 years, homeless and near-homeless families are disproportionately represented in this group and are especially vulnerable. In 2000, the share of poor children living
in a household headed by a full-time year-round worker was 37%, the highest level since this data was first collected in 1975. As of 1997, one out of three children with worst-case housing needs lives in a family with someone working full-time at or above the minimum wage.

Another important factor contributing to homelessness is that the number of families headed by single women, the population most vulnerable to becoming homeless, has soared. Sixty-eight percent of children lived with two parents in 1996, compared to 85% in 1976. Twenty-five percent of children lived in single-parent families in 1997; however, in low-income families this number was 41%. This trend has been fueled by rising divorce rates and a growing number of mothers who never marry.

The factor most central in this equation is a profound lack of affordable housing. Between 1973 and 1993, 2.2 million low-rent units were lost. At the same time, those requiring low-rent housing increased by 4.7 million. This has resulted in the largest shortage of low-rent housing on record. The Section 8 housing program, a federal program that subsidizes rental costs for poor families, is unable to address this housing gap, due to insufficient funding. Over the past decade federal spending for housing assistance has decreased 78%. Between 1977 and 1980 HUD was able to provide rental assistance to an average of 290,000 low-income households per year. Between 1981 and 1993 this number dropped to an average of 74,000 per year. No new vouchers or certificates were issued in 1996 or 1997. Although in 1999 and 2000 there was a modest increase in Section 8 vouchers, the overall picture is bleak. The national average waiting time is 11 months for public housing and 28 months for Section 8 vouchers. There is an 8-year wait for public housing in New York City. In Washington, D.C. and Cleveland it is 5 years. The wait is 8 years for Section 8 housing in New York City and Washington, D.C., whereas in Los Angeles it is 10 years.

The amount of housing that is affordable for extremely low-income families continues to drop. There was a 5% decline of affordable housing for families whose income was below 30% of area median income between 1991 and 1997. In other words, during 1997, for every 100 households in this category, there were only 36 affordable units. In 1991 this number was 41. The national median housing wage, the amount a worker would have to earn per hour at full-time employment to afford a two-bedroom apartment at the Fair Market Rent is $13.75 an hour, more than twice the current minimum wage. The Fair Market Rent is the amount below which 40%—some areas use a 50% cut-off—of standard nonluxury units rent for and is calculated by the Department of Housing and Urban Development. This includes rent and utilities excluding phone. In New York City this figure is $17.57. In this context, it is not surprising that in 2000 there was a 17% increase in demand for shelter across the country, and 76% of cities surveyed reported that they experienced this type of increase.

One cannot examine the relationship between poverty and housing without attempting to understand how entitlements affect children and the profound changes that have been made in these programs over the past several years. Welfare (Aid to Families with Dependent Children) was replaced by Temporary Assistance to Needy Families (TANF) in 1997 and was designed to move adults
from welfare into jobs and provide child care to assist with this transition. TANF
and food stamp benefits place a family of three at approximately one-third of the
poverty level and are only available for 5 years. Though there is controversy as to
the degree with which families are able to successfully leave “welfare” and enter
the job market, given that most wage earners are making $6.50 to $9.00 an hour,
it is clear that these families are at risk for becoming homeless. On a positive
note, though many families reported some hardship with housing, food, and
health insurance, none reported a significant change in the use of emergency shel­
ters. One must monitor this in a cautionary fashion, given the cost and scarcity
of affordable housing.

In summary, the combination of diminishing income, coupled with a decrease
in affordable housing is working in concert to produce an epidemic of homeless
families in the United States. It seems clear that this problem will continue to
grow rather than abate unless there is an increase in housing stock along with
wages that are compatible with costs of living.

Factors Putting Families at Risk for Homelessness

Numerous studies have examined homeless families, headed by single mothers,
in an attempt to create a profile of the mother at risk for becoming homeless. By
predicting which families are at risk for homelessness it would be possible to
effectively target homelessness-prevention programs. Unfortunately, results are
conflicting, principally because homeless families are not a homogeneous popu­
lation. As previously indicated, there is a great deal of geographic variation in the
root causes of homelessness, given that the housing and economic status of one
locale may be very different from that of another. Another reason is that admis­
sion criteria for shelters vary considerably from one area to another. There is also
a large variation in the allowable and actual length of stay among shelters. The
profile of a family and the effects of homelessness may be very different in a fam­
ily that stays in a shelter for a few days, compared to a family that is in residence
for several months.

Another important reason for conflicting findings pertaining to the profile of
homeless families is due to variation in study designs. Few studies actually com­
pare homeless subjects with matched poor housed subjects. Without a compari­
sion group it is not possible to separate out predisposing factors that are unique to
homelessness. Even when control groups are used, they are often not well
matched, making comparison difficult. Another methodological issue is that the
number of families studied tends to be small, which decreases the ability of the
study to statistically differentiate between the two populations.

In spite of these variations, research studies have uncovered much important
information about risk factors. One study that examined a large number of home­
less families, and used a case-control design to compare them with housed fami­
ilies who were receiving AFDC, found several interesting results. Predictors of
homelessness were foster-care placement as a child and drug use by a respon­
dent’s primary female caretaker. Additional factors associated with homelessness
were fewer social supports, frequent heroin or alcohol use, and mental health hospitalization within the past two years. Other investigators have also found these factors identify homeless women. Although they are powerful predictors, they still only identify a small subset of homeless women. Protective factors included being the lease holder of an apartment, receiving AFDC and/or a housing subsidy in the prior year, graduating from high school, and having a large nonprofessional support network.

Numerous studies have found a correlation between homelessness and having a history of being abused as an adult or a child. Shinn found that 11.4% of homeless women had a history of being physically abused as a child compared to 6.5% of housed poor women. Twenty-seven percent of the homeless women had been abused or threatened as adults compared to 16.6% of housed women. Several studies found higher rates of battering among homeless women when compared to housed women.

Other investigators were unable to confirm these findings. Goodman found no difference in both childhood and adult episodes of both physical and sexual abuse in comparing the two groups. Both groups had experienced strikingly high rates of abuse at some point during their lifetime, with approximately 90% of both populations reporting some form of physical or sexual abuse during their lifetimes. The investigator hypothesized that their study failed to find a difference between the populations because of the changing nature of the homeless population. Because housing had become scarcer since the previous studies were carried out, a greater number of higher functioning families were homeless. This tended to diminish the potential differences between housed and homeless poor families. The investigator also felt that the high prevalence rates of abuse found in their study was due to the use of a more sensitive instrument to measure abuse. The overall picture does suggest that a history of abuse is a common experience among homeless women.

Investigators have found significant differences between housed and homeless mothers regarding a history of living in foster care or a group home as a child, with homeless mothers reporting higher rates of both experiences. Shinn found that 21.6% of homeless mothers reported running away as minors, compared to only 6.5% of housed mothers. In addition, a higher percentage of homeless mothers reported the experience, as children, of living on the street.

These findings suggest that experiences interfering with a person's ability to form supportive relationships places a mother from an economically impoverished background at increased risk for homelessness, and in fact, other investigators have found the absence of a supportive network to be an important risk factor for homelessness. Shinn's study contacted families at their point of entry into the homeless shelter system to gather information about support networks. Thus, the study was able to capture the support system that existed for a person just prior to entering the homeless system. Homeless families were compared with families on welfare. The percentage of those with supportive family contacts was similar between the two groups. The study found that the homeless families had "used up" resources on which they could depend upon for housing in an emergency: 18.4% of the housed families had at least one contact where they could
reside in an emergency, whereas only 4.4% of the homeless families had such a contact. For those under 30 years of age the difference was even more striking, being 27% and 4%, respectively. Thus one can conjecture that it is not the direct lack of social support but rather the lack of a socially supportive network that can provide housing in an emergency that puts a family at risk for homelessness.

Bassuk found that homeless families moved much more frequently and had a much higher rate of living doubled-up just prior to being homeless. In addition, homeless mothers demonstrated a paucity of social supports. Twenty-two percent of homeless women were unable to name any individuals that they could turn to for support, compared to 2% of housed women. Only 26% of the homeless women could name three adult supports, compared to 74% of the housed women. Wood also found similar differences with, for example, 37% of the homeless mothers naming a child less than 18 years old as a support, whereas only 13% of the housed mothers did so.

**Domestic Violence and Homelessness**

One of the most common reasons for a women and her children becoming homeless is domestic violence. One survey that examined this issue in several cities found that 22% of families were homeless as a result of domestic violence. Among parents who lived with a spouse or partner, 57% reported domestic violence as the sole reason for their being homeless. In another survey, 14 out of 25 cities identified domestic violence as a primary cause of homelessness.

**IMPACT OF HOMELESSNESS ON CHILDREN'S HEALTH AND DEVELOPMENT**

Few studies compare the health of homeless children with poor housed children. Therefore, it is not clear whether there is a significant difference in the health of the two populations. When parents were asked to rate the health of their children, 13% of homeless children were reported to be in fair or poor health, compared to 3.2% of the general pediatric population and 6.5% of those living in poverty. However, 44% of the problems were clustered in 15% of the children. Another investigator did not find any difference in the general health of homeless children compared to poor children.

In addition, children who present to clinical services with complaints of an acute nature, such as an upper respiratory infection, are frequently found to have serious problems of a more chronic nature. For example, although the typical rate for a subspecialty referral in a pediatric setting is 1 out of 40 patient encounters, the New York City Children’s Health Project, which serves homeless children, reports that approximately 1 out of every 20 patient encounters results in a referral.

The New York Children’s Health Project has found several indicators of poor health in the homeless children. Twenty-nine percent were diagnosed with otitis media, 12.5% with obesity, 6.5% with nutritional failure to thrive, and 10% with iron deficiency anemia. It was also determined that only 49% of children 12–36
months of age were up to date with their immunizations.\textsuperscript{33} Forty percent of children living in several homeless shelters in New York City had asthma. This is more than six times the national rate. Forty-three percent had symptoms consistent with moderate or severe asthma. Yet, very few of the children were receiving appropriate treatment.\textsuperscript{34}

Alperstein found several areas of significant difference when comparing housed and homeless children; 3.8\% of homeless children had a lead elevation above 30 mcg/dl, whereas this only occurred in 1.7\% of housed poor children. Inpatient pediatric admission rates were 11.6/1,000 for homeless children and 7.5/1,000 for poor housed children. Twenty-seven percent of homeless children had delayed immunization, compared with 15\% of housed children.\textsuperscript{35} Eddins also found high rates of under-immunization with 27\% of children less than five years old not immunized against DPT, 33\% not immunized against polio, and 28\% having never received an MMR.\textsuperscript{36}

Of particular concern is the nutritional status of homeless children. When parents were asked if their children got enough food, 21\% of the homeless families replied that there was insufficient food four days or more in the preceding month, because of lack of money, compared to 7\% of housed poor families. Twenty-three percent of the homeless families reported hunger in their children, secondary to insufficient food resources compared with 4\% of the housed poor. Fourteen percent of the homeless families stated that they ate in a fast food restaurant or convenience store at least four times per week, compared with 4\% of housed families. Nine percent of the girls were at less than fifth percentile for weight for height, which is indicative of failure to thrive, and 12\% of the children had weight for height greater than 95\%, indicative of obesity.\textsuperscript{37} Given the importance of adequate nutrition for development in the infant and young child and the risk factors associated with obesity in later life, these are disturbing findings.

Developmental, educational, and psychological outcomes in homeless children are equally worrisome. Homeless children have a higher rate of developmental delay when compared with housed poor children. Fifty-four percent of homeless children had at least one area of delay compared, in one study, with only 16\% of housed children.\textsuperscript{37} The greatest differences were found in the language and personal/social subscales. Rescorla found significant differences between homeless and housed children on receptive vocabulary and visual motor development among preschoolers. Yet, only 35\% of the homeless children were enrolled in an early intervention program, compared with 85\% of the housed children.\textsuperscript{38} One report found 180,000 homeless preschool children do not attend school because of inadequate funding, lack of transportation to school, state noncompliance with federal law regarding barriers to school enrollment, and long waiting list for preschool spaces.\textsuperscript{39}

The picture regarding school-age children is also of concern. Rubin found that homeless children scored significantly lower on the WRAT-R, a measure of academic achievement.\textsuperscript{40} Another investigator found lower scores on the WISC-R, which reflects knowledge gained as the result of experience.\textsuperscript{38} In another study 41\% of homeless mothers reported that their children were failing or doing below average school work in comparison to 23\% of housed mothers.\textsuperscript{26} Because the dif-
ferences found are related to a lack of knowledge rather than innate intelligence, these studies suggest that poor school performance may be due to a disruption in schooling, secondary to homelessness, rather than to innate differences in intelligence. The exact cause of this poor school performance, whether it is due to increased prevalence of illness, depression, or school absence, remains to be elucidated.

The Department of Education reported in 1989 that 30% of homeless children did not attend school. The National Coalition for the Homeless in 1991 estimated this to be as high as 50%. There has been much improvement in regard to this issue. A 1995 national study found that only 14% of homeless children were not attending school. This improvement may be attributable to decreased barriers to school enrollment due to enforcement of the educational provisions of the McKinney Act. Congress enacted the McKinney Act in 1987 to provide funds for shelter, food, and health care of homeless people. Subtitle VII-B of the Act, as amended in 1990, requires that states receiving McKinney funding eliminate barriers to education for homeless children. Specifically, it is stated that homeless children have the same right to a free and appropriate education as housed children. States are required to revise any laws or regulations that might act as a barrier to education, and children are not to be separated from the mainstream school environment because they are homeless. Though many such barriers have been eliminated, a 1995 survey found four states with residency, five with prior school record, fifteen with immunization, fifteen with legal guardianship, and thirty with transportation requirements that hinder school enrollment for homeless children.

Evidence that homeless children may suffer from behavioral and psychological problems is persuasive. Using the Children’s Depression Inventory, one study found the mean score of homeless children to be 10.3, while that of housed children was 8.3. A score of 9 indicates the need for psychiatric evaluation. Thirty-one percent of a group of homeless children, compared with 9% of housed children, scored at a level indicating the need for further evaluation when tested with the Children’s Manifest Anxiety Scale. Homeless preschoolers scored significantly higher on the Child Behavior Checklist compared to a group of housed children. This test reflects anxiety, depression, and acting-out behavior.

It is clear, from the preceding studies, that homelessness creates an environment that is detrimental to both the physical and psychological well-being of a child. Removing a child from his or her community and all the elements that come with it, such as extended family, friends, school, and community supports, robs a child of the elements that are needed to develop and thrive.

LONG-TERM OUTCOME OF HOMELESSNESS UPON WOMEN AND CHILDREN

Current research demonstrates that homeless families are not a homogeneous population. Some families are homeless purely due to economic circumstances, such as losing a job, or the onset of an illness that overwhelms a person’s financial resources. However, some homeless families fit more of a psychological
profile, suggesting that factors such as mental illness, substance abuse, or lack of education are involved in the etiology of homelessness.

Less clear is whether the experience of homelessness, in itself, adversely affects a person’s ability to function. Although differences in the psychological and developmental characteristics of homeless children compared to poor housed children have been identified, it is not clear whether this is the result of processes that occurred prior to homelessness or were precipitated by homelessness. Regardless of their etiology, these factors may continue to hamper the child’s functioning even after the period of homelessness has ended.

It is also possible that homelessness adversely affects parents, therefore making future episodes of homelessness more likely. Do some adults become “institutionalized” once they enter the homeless system and lose skills needed to function autonomously? Clarification of these issues will be central to designing future homeless prevention programs.

**ENDING HOMELESSNESS IN THE UNITED STATES**

Further research is needed to better understand the effects that homelessness has on children, both acutely and long-term. In addition, more resources are needed in order to design and monitor interventions that will prevent the psychological and intellectual harm that results from placing children in this condition. However, such work is meaningless unless a concerted effort is made to provide affordable housing. Until this goal is placed on our political agenda and realized, we will continue to see increasing numbers of children who are scarred by growing up in an environment that is not conducive to normal health and development.

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